Submit an Institutional Claim with Primary Insurance other than Medicare

Frequently Asked Questions (FAQs)
Last Updated 12/17/2010

Q: I have not been submitting the the amount INS paid in COB and I have not been stating in the billing note that I am sending the EOB electronically. Will this hold up processing and the claim being denied?

A: If you send your claim in through a electronic intermediary the COB office will go and look for the insurance information, however if the claim was submitted through direct data entry through ProviderOne without the comment this office will not look for the information.

Q: Can I use 99999 as payer ID#?

A: Yes

Q: if a line item is denied do we have to submit it as a completely separate claim or can it go on this same claim?

A: We advise you to separate the claims as the system looks at only the total the claim and compares it to the total of the insurance EOB.

Q: Can Medicare crossovers be sent?

A: This presentation was specific to commercial secondary claims. We do have a Medicare crossover webinar recorded. It can be found at
http://www.dshs.wa.gov/provider/training.shtml

Q: What is considered to be a cross over claim?

A: We consider a crossover claim as a dual eligible client where they have Medicare and Medicaid.

Q: I have claims that have DSHS as secondary insurance. Does this process work in the same manner?

A: This is what this webinar is covering when DSHS is secondary to a commercial insurance.

Q: Is this information also for Managed Medicare or is that to be entered as Medicare XO?

A: It is to be entered as Medicare NOT private insurance.

Q: What is the phone# of the COB area he mentioned? We can call in order to get payer ID we can't find?
A: There is no need to contact the COB office concerning this. If you don't have the payer ID just enter the 4 digit carrier code of the insurance company

Q: What if we can't find a carrier code?
A: If the client has the private insurance the carrier code will be listed on their eligibility file if our COB office is aware that they have additional coverage. If not enter any three digit number and the system should accept it.

Q: How do you send a secondary claim to Medicaid, without back up documentation, through a clearinghouse billing system?
A: That is through a HIPAA batch process utilizing the HIPAA adjustment reason codes and indicating that it is an "Electronic TPL" claim. Gary showed this in the PowerPoint. You should refer to the ProviderOne companion guides for details.

Q: Can someone type that URL here that links to a copy of the PDF for the slides?
A: Today's PowerPoint can be located at:
        http://www.dshs.wa.gov/pdf/provider/Webinar/SubmitInstitutionalclaimwithPrimaryIns.pdf

Q: Do you need a remark when submitted a Medicaid tertiary claim and Medicare is prime & commercial supplement is 2ndary. Not via DDE but through our clearinghouse.
A: Medicare will not require the backup but the commercial will require a comment or backup to be submitted.

Q: What comment? Would I enter 'Electronic TPL' into the remarks field (box #80) for this claim example (Medicare prime, commercial supplement 2ndary, & Medicaid 3rd?)
A: You will need to enter the comment "Electronic TPL" if you are entering this information online. If you are sending an EOB use the comment "EOB in mail". You will need to also enter the Medicare information on the claim but you will not need to send the Medicare EOB.

Q: Can we get the Power Point for this webinar.
A: Today's PowerPoint can be located at:
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Q: How do you determine if the claim is an Institutional or Professional?
A: Institutional claims are bills for facilities using the UB-04 claim form or the 837I and professional claims are for doctor charges billing on the CMS-1500 claim form or the 837P.